

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35398

FILED OCT 16 1956

318

1003

STATE FILE NUMBER

8650

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

|   |                                  |   |  |   |   |
|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY<br>OR<br>TOWN <b>St. Louis</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>St. Louis City Hosp.</b>   |                                  | Length of stay in 1b<br><b>6 wks</b>  | d. STREET ADDRESS (If outside, give location)<br><b>1534 Market St.</b>  |   | Reside on Form<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ANNA</b> Middle Last <b>COYNE</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>Sept.</b> Day <b>17</b> Year <b>1956</b>  |   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>April 10 1885</b>   | 9. AGE (In years last birthday)<br><b>71</b>                        | IF UNDER 1 YEAR<br>Months <b>5</b> Days <b>1</b> Hours <b>1</b> Min.                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Unemployed</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13. FATHER'S NAME<br><b>Martin Coyne</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Bertha Meitz</b>  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>488-09-6012</b>   |  | 17. INFORMANT Address<br><b>Mildred Pumphrey Houston, Texas</b>     |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary Embolism;</b><br>DUE TO (b) <b>Small Localized Subdural Hematoma;</b><br>DUE TO (c) <b>8124</b>   |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a), (b), and (c). <b>25</b>  |                                  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OTHER <input type="checkbox"/> (Specify how and where occurred. If possible, include name of person or persons injured.)<br><b>Struck by car operating by one Hugh Bevine Cole at intersection of Chestnut St., about 7:15 pm July 20, 1956.</b> |                                  |   |  |   |   |
| 20c. TIME OF INJURY<br>Hour <b>7:15</b> p. m. Month <b>7</b> Day <b>20</b> Year <b>56</b>   |                                  | 20d. PLACE OF INJURY (e. g. In or about home, farm, factory, street, office bldg., etc.)<br><b>Street</b>   |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><b>St. Louis Mo</b>    |   |
| 21. I attended the deceased from <b>6:00 P.</b> to _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Patricia Taylor Corrier</b>  |                                  |   | 22b. ADDRESS<br><b>1300 Clark</b>  |   | 22c. DATE SIGNED<br><b>9.19.56</b>  |
| 23a. BURIAL, CREMATION, REBURYAL (Specify)  |                                  | 23b. DATE<br><b>Sept. 20 1956</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Valhalla Cem.</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>                            |
| 24. FUNERAL DIRECTOR<br><b>A.H. Bocklage</b>  |                                  | ADDRESS<br><b>6536 Clayton Rd.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>SEP 19 1956</b>                  | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith MO</b><br><i>m83</i>                                   |

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Robert M. Murray* .....

Licensed Embalmer No. *3741* .....

P. O. Address *St. Louis* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.